PART B -FEE(S) TRANSMITTAL

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Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must BLANK ROME LLP have its own certificate of mailing or transmission. 600 New Hampshire Ave., NW Certificate of Mailing or Transmission Washington, DC 20037 I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's nam (Signatur Mote ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 124262 0102 8920 October 16, 2006 Victor OSTANIN 10/553,471 TITLE OF INVENTION: RUPTURE EVENT SENSORS DATE DUE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE APPIN TYPE SMALL ENTITY May 11, 2009 \$1,810.00 \$1,510.00 \$300.00 Potent ART UNIT CLASS-SUBCLASS **EXAMINER** 2856 073-579 R. M. Miller Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list (1) the names of up to 3 registered patent 1 Blank Rome LLP Address" (37 CFR 1.363). attorneys or agents OR, alternatively, Change of correspondence address (or Change of (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication up to 2 registered patent attorneys or agents. If no form PTO/SB/47: Rev 03-02 or more recent) attached. name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Cambridge, United Kingdom, Akubio Limited Please check the appropriate assignce category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Covernment 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Advance Order -# of Copies Deposit Account Number 23-2185 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the issue Fee and Publication Fee of the property of the provided point is used fee to the application identified above.

NOTE: The issue Fee and Publication Fee (if required) will not be accepted from enfonce other than the applicant; a registered attorney or agent; or the assignee or other party in interest as above by the records of the Custod States Present and Tateograd-Office. May 7, 2009 Date Authorized Signature Registration No. 28,419 Typed or printed name Michael C. Greenbaum